

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

43423

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
 (b) Township..... Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. Central Hospital St. 11673
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Infant Corbin

(a) Residence, No. 5220 Page Blvd. St. 5
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0 12 min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS
 (STATE OR COUNTRY) Missouri

13. NAME Harold Corbin
 14. BIRTHPLACE (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

15. MAIDEN NAME Florence Amos
 16. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

17. INFORMANT Harold Corbin
 (ADDRESS) 5220 A Page Blvd

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Valhalla Cem. DATE Dec. 20/37

19. FUNERAL DIRECTOR Jos. W. Clark
 (ADDRESS) 1125 Hodiamont Ave.

20. FILED DEC 20 1937 J. T. Bredeck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19/37 19

22. I HEREBY CERTIFY, That I attended deceased from
 , 19, to , 19

I last saw her alive on , 19. Death is said

to have occurred on the date stated above, at 2.00 A.M.

The principal cause of death and related causes of importance were as follows:

Craniorachischisis
Monstra Per Defectum
 Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James O. Litch M. D.

(Address) 6201 Lotus Ave

1003

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. I66I,
hereby certify that the body recorded on the reverse side of this certificate was embalmed by No Embalming
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Jos. W. Clark

Licensed Embalmer No. I66I

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)